

Form **1095-A**

Health Insurance Marketplace Statement

VOID

OMB No. 1545-2232

CORRECTED

2023

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

1 Marketplace identifier TX	2 Marketplace-assigned policy number 136070028	3 Policy issuer's name Cigna Healthcare	
4 Recipient's name Rajani Jakka	5 Recipient's SSN	6 Recipient's date of birth 06/11/1987	
7 Recipient's spouse's name Venu Yerragunta	8 Recipient's spouse's SSN xxx-xx-6324	9 Recipient's spouse's date of birth	
10 Policy start date 08/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 8025 Ohio dr 9304	
13 City or town plano	14 State or province TX	15 Country and ZIP or foreign postal code US 75024	

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Rajani Jakka		06/11/1987	08/01/2023	12/31/2023
17 Venu Yerragunta	xxx-xx-6324		08/01/2023	12/31/2023
18 Nihan Yerragunta		12/18/2014	08/01/2023	12/31/2023
19				
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Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	0.00	0.00	0.00
25 May	0.00	0.00	0.00
26 June	0.00	0.00	0.00
27 July	0.00	0.00	0.00
28 August	1,012.59	1,132.21	513.00
29 September	1,012.59	1,132.21	513.00
30 October	1,012.59	1,132.21	513.00
31 November	1,012.59	1,132.21	513.00
32 December	1,012.59	1,132.21	513.00
33 Annual Totals	5,062.95	5,661.05	2,565.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

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